

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401542173

Date Received:

02/12/2018

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

453958

## SPILL/RELEASE REPORT (SUPPLEMENTAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

### OPERATOR INFORMATION

Name of Operator: <u>WHITING OIL &amp; GAS CORPORATION</u>	Operator No: <u>96155</u>	<b>Phone Numbers</b>
Address: <u>1700 BROADWAY STE 2300</u>		Phone: <u>(970) 407-3008</u>
City: <u>DENVER</u>	State: <u>CO</u>	Mobile: <u>(432) 661-6647</u>
Zip: <u>80290</u>		Email: <u>kyle.waggoner@whiting.com</u>
Contact Person: <u>Kyle Waggoner</u>		

### INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 401532671

Initial Report Date: 02/01/2018 Date of Discovery: 02/01/2018 Spill Type: Recent Spill

#### Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 25 TWP 10N RNG 58W MERIDIAN 6Latitude: 40.815497 Longitude: -103.810400Municipality (if within municipal boundaries): \_\_\_\_\_ County: WELD

#### Reference Location:

Facility Type: FLOWLINE ☒ Facility/Location ID No 436427☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

#### Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? Yes

*Secondary containment, including walls & floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): >=5 and <100Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: \_\_\_\_\_

#### Land Use:

Current Land Use: NON-CROP LANDOther(Specify): RangelandWeather Condition: Cloudy, 20-40 deg FSurface Owner: FEEOther(Specify): Timbro Ranch and Cattle Company

#### Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Approximately 15 bbls of produced water was released at the Razor 25B facility from a 4" buried flowline due to a hole. The line has been isolated, exposed, and free liquids have been recovered. This section of the line will be removed and replaced, and evaluated to determine the cause of the hole.

List Agencies and Other Parties Notified:

### OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
2/1/2018	Landowner	Timbro Ranch and Cattle	970-397-5885	Notified
2/1/2018	Weld County	Roy Rudisill	-	E-mail

### SPILL/RELEASE DETAIL REPORTS

#1	Supplemental Report Date: 02/12/2018		
<b>FLUIDS</b>	BBL's SPILLED	BBL's RECOVERED	Unknown
OIL	0	0	<input type="checkbox"/>
CONDENSATE	0	0	<input type="checkbox"/>
PRODUCED WATER	15	5	<input type="checkbox"/>
DRILLING FLUID	0	0	<input type="checkbox"/>
FLOW BACK FLUID	0	0	<input type="checkbox"/>
OTHER E&P WASTE	0	0	<input type="checkbox"/>
specify: _____			
Was spill/release completely contained within berms or secondary containment? <u>NO</u> Was an Emergency Pit constructed? <u>NO</u>			
<i>Secondary containment, including walls &amp; floor regardless of construction material, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.</i>			
<b>A Form 15 Pit Report shall be submitted within 30 calendar days after the construction of an emergency pit</b>			
Impacted Media (Check all that apply) <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Dry Drainage Feature			
Surface Area Impacted: Length of Impact (feet): <u>45</u>		Width of Impact (feet): <u>30</u>	
Depth of Impact (feet BGS): <u>5</u>		Depth of Impact (inches BGS): _____	
How was extent determined?			
Measuring wheel and tape measure.			
Soil/Geology Description:			
Kim Mitchell complex, 0 to 6 percent slopes			
Depth to Groundwater (feet BGS) <u>70</u>		Number Water Wells within 1/2 mile radius: <u>1</u>	
If less than 1 mile, distance in feet to nearest		Water Well <u>555</u> None <input type="checkbox"/>	Surface Water _____ None <input checked="" type="checkbox"/>
		Wetlands _____ None <input checked="" type="checkbox"/>	Springs _____ None <input checked="" type="checkbox"/>
		Livestock _____ None <input checked="" type="checkbox"/>	Occupied Building _____ None <input checked="" type="checkbox"/>
Additional Spill Details Not Provided Above:			

## CORRECTIVE ACTIONS

#1	Supplemental Report Date: 02/12/2018
Cause of Spill (Check all that apply)	<input type="checkbox"/> Human Error <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Historical-Unknown
	<input type="checkbox"/> Other (specify) _____
Describe Incident & Root Cause (include specific equipment and point of failure)	
Approximately 15 bbls of produced water was released due to a hole on the top of the pipeline. This section has been removed and sent to a third party inspector to determine the cause of the pipe failure.	
Describe measures taken to prevent the problem(s) from reoccurring:	
This section of line was isolated, removed, and replaced, pressure tested, and put back into service. Based upon the inspection results from the failure analysis of the pipe, additional corrective actions may be put in place.	
Volume of Soil Excavated (cubic yards):	50
Disposition of Excavated Soil (attach documentation)	<input checked="" type="checkbox"/> Offsite Disposal <input type="checkbox"/> Onsite Treatment
	<input type="checkbox"/> Other (specify) _____
Volume of Impacted Ground Water Removed (bbls):	0
Volume of Impacted Surface Water Removed (bbls):	0

## REQUEST FOR CLOSURE

**Spill/Release Reports should be closed when impacts have been remediated or when further investigation and corrective actions will take place under an approved Form 27.**

Basis for Closure: ☐ Corrective Actions Completed (documentation attached)

☐ Work proceeding under an approved Form 27

Form 27 Remediation Project No: \_\_\_\_\_

## OPERATOR COMMENTS:

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I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Robert DeOtte

Title: Environmental Coordinator Date: 02/12/2018 Email: robert.deotte@whiting.com

## COA Type

## Description

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## Attachment Check List

### Att Doc Num

### Name

401542186	TOPOGRAPHIC MAP
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Total Attach: 1 Files

## General Comments

### User Group

### Comment

### Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)